




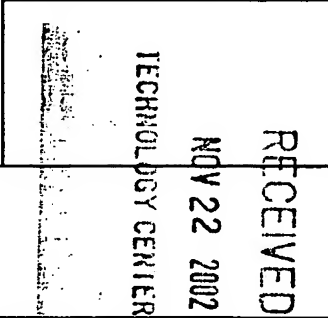
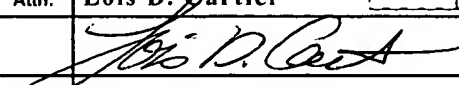
\$ 2818

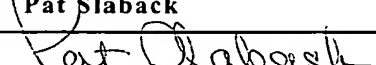
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Modified 9-98

PTO/SB/21 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>  BOX:  Express Mail Receipt No.	Application / Conf. No.	10/001,871 / 3401
	Filing Date	November 19, 2001
	First Named Inventor	Stephen M. Douglass
	Examiner Name	Unknown
	Group Art Unit	2818
	Issue Fee Batch No.	
	Attorney Docket Number	X-919 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)		
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 40,941
Attn: Lois D. Cartier		
Signature		
Date	November 12, 2002	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D. C. 20231 on this date: November 12, 2002			
Typed or Printed Name	Pat Slaback		
Signature		Date	November 12, 2002

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Approved for use through 10-31-2002. OMB 0651-0032  
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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 174.00)

## Complete If Known

Application / Conf. No.	10/001,871 / 3401
Filing Date	November 19, 2001
First Named Inventor	Stephen M. Douglass
Examiner Name	Unknown
Group / Art Unit	2818
Attorney Docket No.	X-919 US

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

Deposit  
Account  
Number

24-0040

Deposit  
Account  
Name

XILINX, INC.

☐ Charge the any additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

#### Large Entity

Fee Code	Fee (\$)	Fee Description	Fee
101	740	Utility filing fee	
106	330	Design filing fee	
107	540	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

Total Claims	Extra	Fee from below	Fee Paid
20** = 43	X	5	18
Indep. Claims = 06	- 3** =	1	84
Multiple Dependent Claims			

\*\*or number previously paid, if greater; For Reissues, see below

Fee Code	Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	84	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 174.00)

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description
105	130	Surcharge - late filing fee or oath
127	50	Surcharge - late provisional filing fee or cover sheet
147	2,520	For filing a request for expedite reexamination
112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	Requesting publication of SIR after Examiner action
115	110	Extension for reply within first month
116	400	Extension for reply within second month
117	920	Extension for reply within third month
118	1,440	Extension for reply within fourth month
128	1,960	Extension for reply within fifth month
119	320	Notice of Appeal
120	320	Filing a brief in support of an appeal
121	270	Request for oral hearing
138	1,510	Petition to institute a public use proceeding
140	110	Petition to revive - unavoidable
141	1,240	Petition to revive - unintentional
142	1,280	Utility issue fee (or reissue)
122	130	Petitions to the Commissioner
123	50	Petitions related to provisional applications
126	180	Submission of Information Disclosure Stmt
581	40	Recording each patent assignment per property (times number of properties)
146	740	Filing a submission after final rejection (37 CFR 1.129(a))
149	740	For each additional invention to be examined (37 CFR 1.129(b))
179	740	Request for Continued Examination (RCE)

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type) Lois D. Cartier

Registration No. (Attorney/Agent) 40,941

Telephone 720-652-3733

Signature

Date 11-12-2002

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